

TOWN OF BROOKLINE
APPLICATION FOR A PERMIT TO SELL ALCOHOLIC BEVERAGES ON
TOWN PROPERTY (WINE AND BEER ONLY)

Date December 8, 2016

I hereby make application for a PERMIT TO SERVE ALCOHOLIC BEVERAGES ON TOWN PROPERTY at a

Annual Museum Members' Party
(state whether a meeting, banquet, concert, picnic, wedding, etc.)

Which is to be held at the Larz Anderson Auto Museum
(Name of Person or Organization)

15 Newton Street , Brookline MA 02445
(Address of Person or Organization)

On the 28h day of January, 20167

Between the hours of 5:30 PM—11:00 PM at the following described Town property:

The Larz Anderson Auto Museum

If the applicant is an organization, complete name and address of the organization's officers:

Name: John Carberry Title: President Address: 531 South St. Needham

Name: John Darack Title: Vice President Address: 96 Lakeshore Dr. Wayland

Name: Tom Frisardi Title: Treasurer Address: 86 Forest St. Wellesley

NOTE: If the answer to Questions 4, 5, 6 or 7 is yes, you do not qualify for a non-sales permit and you should seek instead a special license to sell alcohol.

1) How many cases or barrels, etc. of each type of alcoholic beverage will be made available to guests?
5 cases each wine and beer

2) What is the maximum number of people to attend? 130

3) What is the age group of people to attend? 45

4) Are you charging an admission fee? YES

5) Are you charging for alcoholic beverages? YES

6) Is the event open to the public? YES

7) Are tickets to the event available for purchase? YES

8) How will alcoholic beverages be dispensed or served and by whom? Please state the names, addresses of all person(s) serving alcoholic beverages. Premier Bartending (781) 223-5001

9) State whether or not the person(s) dispensing or serving alcohol received TIPS certification or equivalent safe-service of alcohol training and the date(s) of any such certification or training and attach documentation pertaining to such certification or training:

Bartenders are all certified and insured

10) If any attending are under age 21, what method will be used to check ID and what procedures will be followed to make certain that those under age 21 are not served and are not allowed to consume alcoholic beverages?

Bartenders will check ID's

11) Will a police detail or other types of security be provided? YES

If "YES" what type and how many? Brookline Police detail

12) Please state the name, address, age and 24-hour contact information of the individual (who must be at least 21 years of age) who will be physically present at the event and who will ensure compliance with all applicable federal, state and local laws, regulations, ordinances and any conditions on the permit and who will ensure the maintenance of order and decorum:

Sylvia Passley Harris	Clyde St.	Brookline MA	05/26/1955
Karen Hasenfus	58 Chester Avenue	Dedham MA	09/29/1954
(Name)	(Address)		(Date of Birth)

Telephone number: (617) 522-6547 (617) 283-7265

Email Address: khasenfus@larzanderson.org feonapassley@hotmail.com

This application must be accompanied by proof that the applicant has secured, and there is in effect during the period of time for which the permit is sought, a general liability policy naming the Town as the additional insured or if the general liability policy exempts alcohol0trelated incidents or occurrences a liquor liability policy naming the Town as an additional insured.

By signing this application, the applicant absolves the Town and its officials, officers, employees, agents and representatives from all liability in connection with the applicant's use of Town property. By signing this application, the applicant agrees to indemnify the Town for any damage to the Town's personal and real property resulting from the applicant's use of Town property and agrees to indemnify the Town for any expenses the Town incurs in restoring Town property to its condition prior to use (in excess of any routine cleaning and maintenance service the Town would ordinarily have performed irrespective of the use.



Signature

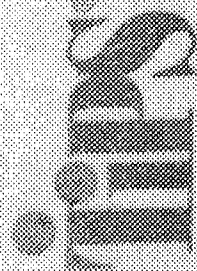
Name Printed

Title (if on the behalf of an Organization)

Address

Telephone number(s)

Email address(es)



eTIPS On Premise 2.0

XXX-XX-XXXX

SSN:

7/8/2015

7/8/2018

Issued:

Expires:

4030922

XX/XX/XXXX

ID#:

D.O.B.:

Anthony J Pericolosi
1313 Washington St Apt 308
Boston, MA 02118-2153

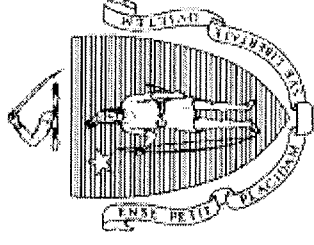
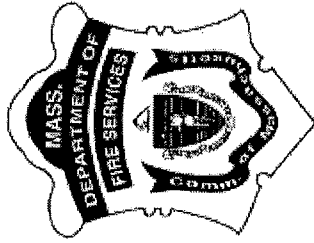
For service visit us online at www.gettips.com

Commonwealth of Massachusetts

Executive Office of Public Safety and Security

Department of Fire Services

Office of the State Fire Marshal



Certificate of Completion

This certifies that

Sylvia Passley-Harris

*Successfully completed the Crowd Manager Training Program
In accordance with 527 CMR sec. 10.13(d) – Designation of a Crowd Manager*

Date issued: October 24, 2014

Expires: October 24, 2017

Certificate #: rO8c40a7pBHVBU

Stephen D. Coan

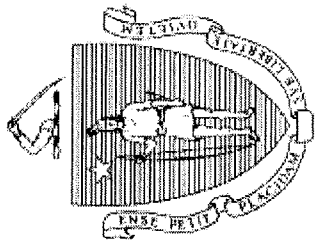
State Fire Marshal

Commonwealth of Massachusetts

Executive Office of Public Safety and Security

Department of Fire Services

Office of the State Fire Marshal



Certificate of Completion

This certifies that

Karen Hasenfus

*Successfully completed the Crowd Manager Training Program
In accordance with 527 CMR sec. 10.13(d) – Designation of a Crowd Manager*

Date issued: April 23, 2014

Expires: April 23, 2017

Certificate #: 8k8OrYaYw4T3sZb

Stephen D. Coan

State Fire Marshal



GORDWAL-02

JHOGAN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Roblin Insurance Agency 144 Gould Street Suite 100 Needham, MA 02494	CONTACT NAME:		
	PHONE (A/C, No, Ext): (781) 455-0700	FAX (A/C, No): (781) 449-8976	
	E-MAIL ADDRESS: certificates@roblininsurance.com		
INSURED Premier Bartending & Beverage Service, Inc. PO Box 540310 Waltham, MA 02451	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Travelers Insurance Co		36161
	INSURER B : Torus Specialty Insurance Co.		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			680-4B652113-16-42	03/11/2016	03/11/2017	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
	<input checked="" type="checkbox"/> Liquor Liability		MED EXP (Any one person) \$ 5,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:		PERSONAL & ADV INJURY \$ 1,000,000				
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
							\$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			88915C164ALI	03/11/2016	03/11/2017	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 5,000,000				
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N	N/A					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Town of Brookline is additional insured For an event to be held at the Larz Anderson Auto Museum on January 28, 2017.

CERTIFICATE HOLDER

CANCELLATION

Town of Brookline
333 Washington Street
Brookline, MA 02146

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



BROOKLINE POLICE DEPARTMENT

Brookline, Massachusetts

DANIEL C. O'LEARY
CHIEF OF POLICE

To: Chief Daniel O'Leary

From: Lieutenant Derek Hayes

Re: Larz Anderson Auto Museum – One Day License – Sale

Date: January 2nd, 2017

Sir,

Larz Anderson Auto Museum, through Events Manager Karen Hasenfus, has applied for a Temporary Section 14 One Day Wine and Malt Beverages License (sale) for an Annual Museum Member's Party to be held on Saturday, January 28th, 2017 between 530pm and 11pm.

Karen Hasenfus [REDACTED] and/or Sylvia Passley-Harris [REDACTED] will be the responsible managers on site for this event and will ensure compliance with all applicable Federal, State and local laws, regulations, ordinances, and any conditions on the permit as well as previously discussed conditions. A Crowd Manager Certificate was submitted.

This event is open to the public and there is an admission charge for this event. There will be a charge for alcoholic beverages. Organizers are expecting no more than one hundred thirty (130) guests to attend. All alcoholic beverages at this event will be served by bartenders provided by Premier Bartending and Beverage Service. Premier Bartending and Beverage Service employ certified bartenders who will be dispensing the alcoholic beverages and checking guest's identification. Available to the guests will be five cases of both wine and beer.

Premier Bartending and Beverage Service submitted a copy of their bartender's TiPS certification. A copy of their Certificate of Liability specifically listing the Town of Brookline as a named insured has been submitted.



There is sufficient parking available along the access road abutting the Museum as well as the upper parking lot area near the skating rink. A uniformed police detail officer will be assigned to provide security and to manage traffic issues if they arise. The Brookline Police Department's Detail Office was notified.

I see no reason to oppose this license request.

Respectfully submitted,

Lieutenant Derek Hayes

